

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 19 2017

RE STATE

	EASE PRINT Kevin Bourque			NEW DEPART	HAMPSHI MENT OF
II. Name of lobbyist's p	artnership, firm or	corporation, if a	any:		_
N/A			•		
(Name	of partnership, firm or c	orporation)	· · · · · · · · · · · · · · · · · · ·		_
125 Washington S	treet, Suite 1	Foxboro	MA	02035	;
Business Address: (Stree	1)	(Town/City)	(State) (Zip Code	<u>e)</u>
(508) 698-4994	(508	698-4990	e-mail kbo	urque@phrma.org	
(Telephone)		(Fax	()		_
reportable expense tran	isactions which are i	iot attributable	to any one client).	you may file a separate ive to the following client:	
Pharmaceutical Re	esearch and Mar	nufacturers o	of America (PhRM	۹)	
	Full Name of Client as i	t appears on the Le	obbyist Registration Form)	
OR All reportable transac unrelated to any particular	tions by the lobbyist (ar client.	including the lol	bbyist's family), or the l	obbying firm listed below	which are
	April 26, 2017 [] from date of registration	n to 3/31/17	July 26, 2017 activity from 4/1/17 to		
	October 25, 2017 [.] tivity from 7/1/17 to 9/3	0/17	January 31, 20 activity from 10/1/17		
V. There have been n If this box is checked, con Concord, NH 03301.	o fees received and mplete just this form o	l no reportable and submit it to to	e transactions made he Secretary of State's (since the last report. Office, State House, Room	∐ 204,
VI. Check if additional	reports are attached	·			
☐ If you have received	•		file Addendum A– Fee	s and Expenses	
☐ If you have paid an h Expense Reimbursement	onorarium or reimbu	rsed expenses, ye	ou must file Addendun	B- Report of Honorarium	
If you, your firm, or	your family has made	political contrib	outions, you must file A	ddendum C– Political Co	ntributions
(Signature of Libbyist) Kevin Bourque	of my knowledge and	d RSA 664 and h belief.		that the foregoing informat	ion is true
(Print Name of lobbyist)					

(If more than three contributions were made, report additional c	ontributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge an	ereby swear or affirm that the foregoing informat d belief.
	7/14/17
(Signature (lobbyis)	(Date)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) Kevin Bourque L II. Name of lobbyist's partnership, firm or corporation, if any: E A S (Name of partnership, firm or corporation) E III. Name of Client Pharmaceutical Research and Manufacturers of America (PhRMA) Date 07/10/2017 P R **Political Contributions** For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the T client/lobbyist and lobbying firm, indicate the following: Full name of candidate: _____(Last Name) Please see attached (Middle Name/Initial) (First Name) Amount of contribution \$ _____ Office Candidate is Seeking _____ If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: _____(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ ____ Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (Middle Name/Initial) (First Name) Amount of contribution \$ _____ Office Candidate is Seeking _____



STATE OF NEW HAMPSHIRE

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New Hampshire Senate Democratic Caucus	Amount: \$1,000.00	Office sought: N/A
Senate Republican Majority PAC	\$1,000.00	N/A
Chris Sununu	\$1,000.00	Governor
David Boutin	\$500.00	Senate
New Hampshire Legislative Golf Committee	\$2,500.00	N/A

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Aft Statement of Income	•	•	
Name of Lobbying partr	nership, firm, or corp	oration: Kevin Bourque	
Name of Client (leave b	lank if Statement is f	for the partnership, firm, or	corporation and not related to any
particular client): Pharm	naceutical Research	and Manufacturers of Ame	rica (PhRMA)
Date of Report (check o	ne):		
April 26, 2017 □	July 26, 2017 👿	October 25, 2017 🗆	January 31, 2018 □
	ns submitted with the		nd Expenses described above, and umber of Addendum forms being
I hereby swear or affirm complete to the best of notice (Signature of lobbyist) Kevin Bourque			nt and each Addendum is true and 7 / 4/7 (Date)
(Print Name of lobbyist))		